No. 2
5-4
17-39
X32873

FILED OCT 11 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32297

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County PIKE
(b) City or town LOUISIANA MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MINERAL SPRINGS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 DAYS
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State ILLINOIS (b) County MORGAN 11
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. RFD #3 WINCHESTER ILLINOIS
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME JOHN GORDON HEATON

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife SALLY E HEATON
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased DECEMBER 16 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 14 If less than one day ... hr. ... min.

9. Birthplace LYNNVILLE ILLINOIS
(City, town, or county) (State or foreign country)
10. Usual occupation FARMER
11. Industry or business

FATHER
12. Name S.W. HEATON
13. Birthplace LYNNVILLE ILLINOIS
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MAGGIE CAMPBELL
15. Birthplace LYNNVILLE ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sally E Heaton
(b) Address Winchester Ill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Jacksonville Ill
18. (a) Signature of funeral director Roy Dieterle
(b) Address Winchester Ill
19. (a) 9/30/43 (Date received local registrar) (b) [illegible] deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 30 year 1943 hour 2: minute 50 P.M.

21. I hereby certify that I attended the deceased from SEPTEMBER 2, 1943, to SEPTEMBER 30, 1943; that I last saw him alive on Sept 30, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic Poisoning	1 month
Due to Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) DO
Address Louisiana Mo. Date signed 9/30/43

1165

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-43-1681
Date Filed OCT 8 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Roy H. Dieleste

Licensed Embalmer No. 3169

P. O. Address Winchester

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Oct.

Registration District No. ____ Primary Registration District No. ____ Registrar's No. ____

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mineral Springs Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 da. (Specify whether years, months or days) In this community —

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill. (b) County Morgan
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No) If yes, name country ____

3. (a) PRINT FULL NAME John G. Heaton

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Dec. (Month) 16 (Day) 1875 (Year)

8. AGE: Years 69 Months 9 Days ____ If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Ill. (State or foreign country)

10. Usual occupation ____

11. Industry or business ____

MOTHER FATHER
12. Name ____
13. Birthplace ____ (City, town, or county) ____ (State or foreign country)
14. Maiden name ____
15. Birthplace ____ (City, town, or county) ____ (State or foreign country)

16. (a) Informant ____
(b) Address ____

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation ____

18. (a) Signature of funeral director ____
(b) Address ____

19. (a) ____ (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

SUPPLEMENTARY

20. **DATE OF DEATH:** Month Sept. Day 30
year 1943 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremic Poisoning	6 mo.
Due to Nephritis chronic	6 mo.
Due to Stone, acute Nephritis	2 yrs
Due to Bladder stone	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131 P
Of autopsy ____

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature [illegible] (M. D. or other) MD
Address Louisiana Date signed Oct 1 '43

32297